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ABSTRACT

For the last two decades, health educators have been laboring at coalescing the philosophical premise and goals of school health education. The focal point of this conflict emerges when proponents claim that health education curricula enhance decision making skills and concurrently require health educators to teach toward specific health-promoting or health-enhancing lifestyles and behaviors. The first step in melding a philosophical premise and process for school health education is to determine whether or not school health education should promote the students' personal evaluation of their health and the health values of others. However, directing students' learning toward a particular health theory risks inaccuracy and indoctrination. A Helpful health education process assists students in identifying aspects of health that are potentially harmful or beneficial, thus providing students with an opportunity for personal examination and review of a variety of health data and theories. (Author/FG)

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The Coalescence of Philosophy and Process in School Health Education

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Abstract

For the last two decades health educators have been laboring at coalescing the philosophical premise and process of school health education. The focal point of this conflict emerges when health education curricula claim to enhance decision making skills and concurrently require health educators to teach towards specific health promoting or health enhancing lifestyles and behaviors. The first step in melding a philosophical premise and process for school health education is to determine whether or not school health education should be a crusader for health protection. This issue is addressed and results in a model mission and process statement for school health education.

The Coalescence of Philosophy and Process in School Health Education

For the last two decades health educators have labored at coalescing the philosophical premise and goals of health education into one health education experience. What has emerged is a conflict between health education philosophy and process. Health educators have attempted to encourage health behaviors and to teach decision making in the same classroom. The intent to favorably influence people's health information, attitudes, and practices is not consistent with the intent to produce critical thinkers, enhance man's decision making tools and examine the nature of health.[1] For example, it is difficult for a classroom teacher to maintain credibility with his students when he requests questioning minds and teaches towards specific behavioral objectives. This disharmony of process and philosophy in health education has prompted several recent criticisms. Carylon has stated the following:

> With missionary zeal, we set forth to convert the health heathens to the paths of wellness. We assume our goals to be so noble that our methods are beyond question.[2]

Fulton believes health educators should merely disseminate health information and not be concerned with health behaviors.[3] Greenberg suggests health educators should be concerned with the process used by their clients to arrive at a health behavior and not be concerned with particular health behaviors.[4] It is this lack of professional consensus concerning the mission and goals of health education that has produced health education experiences, which by their very nature, are contradictory.

Health educators have several options. Health educators can address the philosophy and process of health education as separate entities. Health educators can labor to intentionally influence individual's health behaviors, attitudes, and information. Health educators can provide just health information or can design curricula which solely address the task of decision making.

With all these options and possible consequences it is understandable why health educators are lacking a consensus as to an operational definition of health education.[5,6] Furthermore, if one considers the social pressures placed on health education to be accountable, to rid society of undesirable health behaviors and beliefs, and to produce a healthier population, the task of coalescing the school health education experience becomes a formidable one.

If education is concerned with the exploration, reevaluation, and reconstruction of values, then health education by its very definition can never teach towards a predetermined set of values and appropriate behaviors. School health education should provide the student with the opportunity to view his health in light of all those who lay claim to health theory, data, and services. The decision to adopt, reject, or ignore the health tenets of others should be left to its rightful owner...the student. School health education owes no allegience to one discipline, science, or theory. It is the obligation of the school health educator and curriculum to cause students to critically examine all of man's health theories, sciences, and programs. It is unfortunate, but oftentimes this has not been the process of school health education.

In some cases society has utilized health education to bring about social reform, cure social ills, or present a particular health related point of view. The process of school health education has oftentimes been reduced to a crusader for health protection.

> Protect: to cover or shield from danger or injury: to defend; to guard; to preserve in safety. Protection: preservation from loss, injury or annoyance.[7]

This inconsistency has contributed to a generation of people who view school health education as a course in how to avoid: disease, injury, drugs, sex,

mental illness, and social disfavor. The health education classroom is not a forum for health indoctrination, rather it is a forum for health education. Philosophically, the mission of school health education should be that of health promotion.

> Promote: to forward, to advance, to contribute to the growth, engagement, or excellence. Promotion: the stirring up of interest in an enterprise.[7]

The process of school health education should be an enterprise of evaluating and reevaluating health, in which the student and school health educator actively participate. The goal of providing health information is a valuable service of school health education. However, the process of identfying and evaluating health information espoused by various health theories, sciences, and services is the distinguishing characteristic of school health education.

The practice of teaching towards health behaviors or healthful life styles is not consistent with the nature of school health education. Such an endeavor presumes that the health educator or health curriculum has identified attitudes and behaviors which yield optimum health. This practice contradicts knowledge gained through past experiences. Specifically, the facts of today oftentimes become the myths of tomorrow. Given this premise, it would seem that school health education can best serve its students by encouraging them to critically evaluate the behavioral tenets of all health sciences and professionals. This is a distinct function of school health education. A function which oftentimes other programs who educate for health cannot embrace because of their commitments, either economically or philosophically, to a particular health; science, theory or profession. The health class which utilizes guest speakers from the local health department or abortion clinic, and does not expose students to additional points of view regarding abortion, becomes merely an extension of those organizations.

A health educator and curriculum should not crusade for a health organization or profession. The mission of school health education should center on identifying the role health plays in individual students' experiences and goals. The process of school health education should promote the student's personal evaluation of his health and the health tenets of others.

Philosophically, the true intrinsic worth of school health education is to cause students to realize the important role health plays in their experiences and goals. School health education can provide students with an awareness of the health related aspects of their thoughts and actions. Thus, students will be given the opportunity to address those health related concerns they feel important to their existence. Hence,

> *The mission of school health education is to promote man's understanding of the position health occupies in his experiences and goals. Thus providing him with an opportunity to address those health related concerns he deems important to his being.*

This health education philosophy does not impose a set of beliefs or behaviors. Nor does it require the student to prioritize his values or goals. This philosophy is predicated on the premise that all students should be given the opportunity to examine man's health tenets in a formal classroom setting. This premise serves both society and the individual. Society is provided an opportunity to share its health-related beliefs and values with the individual. The individual is provided an opportunity to examine his health-related goals, beliefs, and values with society's.

The process which emerges from this philosophy directs school health educators to assist students in identifying which aspects of their health may have the potential to hinder or enhance their short and long term goals. Thus, the value of the school health education process is not equated to

which, if any, health behaviors a student adopts or rejects. The value of the school health education process is manifested in its ability to provide students with an opportunity for a personal examination and review of the health data and theories espoused by man. Hence,

> *The school health education process promotes the student's personal reevaluation of his health, in light of all the health; data, theories and services espoused by man.*

The provision of health information to individuals is implicit throughout the scores of health education definitions. The influencing or manipulating of individuals' health behaviors or attitudes has also drawn scores of supporters. However, when one sets out to change or influence an individual's health behaviors or attitudes, presumably one has identified a health theory of fact they embrace as valid. This is a risky endeavor. Besides being a risky endeavor, when one designates a theory or fact as "correct," "appropriate," or "health promoting" then one leaves the realm of education and enters the realm of indoctrination. One example is a study which examined the health information nurses, physicians, counselors, and health educators were disseminating regarding birth control methods.[8] These health educators tended to give theoretical effectiveness rates for methods of birth control they felt appropriate and actual use effectiveness for methods they felt inappropriate. Clearly, the desire of educators and pseudo educators to influence people's health behaviors is ever present. To subconsciously strive to change people's health behaviors and attitudes to one's own specifications and prejudices is a matter for personal reflection. On the other hand, for individuals and organizations to consciously strive to change people's health behaviors and attitudes is a self-serving enterprise.

It seems to me that students are entitled to one forum where they can determine for themselves which health data, from which health sources, are relevant to their health needs. To this end, school health education plays a valuable and unique role.

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